

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name
U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported
1615 H Street N.W.

(c) City, State and ZIP Code
Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C30001101

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period
09 29 2010 through 10 05 2010

5. (a) Date of Public Distribution(s) 10 05 2010 (b) Communication Title Russ Changed

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

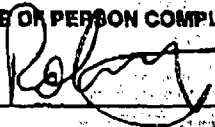
8. Custodian of Records
(a) Name Rob Engstrom
(b) Address (number and street) 1615 H Street NW
(c) City, State and ZIP Code Washington, DC 20062
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce
(e) Occupation Vice President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 248,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom

SIGNATURE  DATE 10/5/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Rob Engstrom	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Vice President
B. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee <u>Smart Media Group</u> Mailing Address of Payee <u>814 King Street</u> City <u>Alexandria, VA</u> State <u>VA</u> Zip Code <u>22314</u> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <u>09' 29' 2010</u> Amount <u>248,500.00</u> Communication Date <u>10' 05' 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Russ Changed" - TV Spot</u>					
Name of Federal Candidate <u>Russ Feingold</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>WI</u> District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address of Payee _____ City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____					
Date of Disbursement or Obligation _____ Amount _____ Communication Date _____					
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ _____					
TOTAL This Period (last page this line number only) ▶ <u>248,500.00</u> (carry total from last page to Line 10)					

Federal Election Commission
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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